

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814

(916) 445-1912



December 16, 1981

To: All County Welfare Directors

Letter No. 81-57

MEDS CONTACT PERSON

The Department is requesting the name of an individual to contact regarding any information needed on the MEDS operations. The name submitted will be used by our Department as well as other counties.

Please submit the following information on the attached form:

County

Name

Mailing Address

Telephone Number

If you have any questions, please contact your Medi-Cal program consultant. Thank you.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief  
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

Expiration Date:

MEDS Contact Person

County:

\_\_\_\_\_

Name:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Return Address:

Department of Health Services  
Eligibility Branch  
714 P Street, Room 1692  
Sacramento, CA 95814  
Attention: Dahlia Curry